



## PREGNANCY AND PERIODONTAL HEALTH

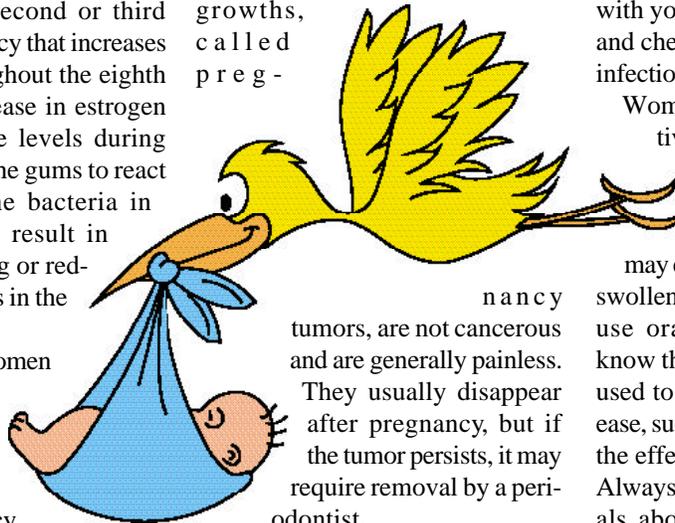
# Baby your oral health during pregnancy

While it may be the time to keep your feet up, pregnancy is not the time to relax your brushing and flossing routine. That's because expectant mothers often experience increased gingivitis or pregnancy gingivitis beginning in the second or third month of pregnancy that increases in severity throughout the eighth month. The increase in estrogen and progesterone levels during this time causes the gums to react differently to the bacteria in plaque and may result in swelling, bleeding or redness or tenderness in the gum tissue.

About half of women experience pregnancy gingivitis. However, women with no gingivitis prior to pregnancy are unlikely to experience pregnancy gingivitis. As many people are unaware of the status of their periodontal health, a visit

to a dentist or periodontist for a periodontal evaluation before getting pregnant is a good idea.

In some cases, gums swollen by pregnancy gingivitis can react strongly to the bacteria in plaque and form large lumps. These growths, called pregnancy



nancy tumors, are not cancerous and are generally painless. They usually disappear after pregnancy, but if the tumor persists, it may require removal by a periodontist.

While alterations in psychology and behavior during pregnancy tend to make some women pay less attention to personal care, women

should actually make an effort to pay increased attention to oral hygiene during pregnancy to help minimize the effects of hormonal changes in the mouth.

Good oral health is vital during pregnancy. Therefore, continue with your regular dental cleanings and checkups to avoid periodontal infection.

Women who use oral contraceptives may be susceptible to the same oral health conditions that affect pregnant women. They may experience red, bleeding and swollen gums. And, women who use oral contraceptives should know that taking drugs sometimes used to help treat periodontal disease, such as antibiotics, may lessen the effect of an oral contraceptive. Always tell your dental professionals about any prescriptions that you are taking.

And remember, good oral care benefits you, as well as your unborn baby. ♥

## Healthy mouths, healthy babies

Studies have shown a relationship between periodontal disease and preterm, low birth weight babies. Any infection, including periodontal infection, is cause for concern during pregnancy. In fact, pregnant women who have periodontal disease may be seven times more likely to have a baby that is born too early and too small!

The likely culprit is a labor-inducing chemical found in dental plaque called prostaglandin. Very high levels of prostaglandin are found in women with severe cases of periodontal disease.

A study published in a 1999 issue of the *Journal of Periodontology* reports that at least 23 percent of women ages 30 to 54 have periodontitis (an advanced state

of periodontal disease). Yet, many people are unaware they have periodontal disease because it often progresses silently.

According to recent research, the more of the mouth affected with periodontal disease, the more likely a woman is to deliver a premature baby. However, women with only a couple of sites in their mouths affected by periodontal disease are not off the hook. While the study showed there is a definite dose response, the trend for preterm deliveries was observed in women with as little as two sites with attachment loss (a measure of peri-

odontal disease).

Research is underway to determine what happens when periodontal disease is treated in pregnant women.

For now, the best advice continues to be that women considering pregnancy have a periodontal screening and get any problems with their oral health under control before becoming pregnant. However, women who are already pregnant should not shy away from dental care. The second trimester is the best time to have dental procedures performed to minimize any potential risk. ♥

The American Academy of Periodontology Patient Page is a public service of the AAP and should not be used as a substitute for the care and advice of your personal periodontist. There may be variations in treatment that your periodontist will recommend based on individual facts and circumstances.

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